

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

HOUSE ENROLLED ACT No. 1938

AN ACT to amend the Indiana Code concerning Medicaid and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 12-7-2-154.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 154.8. "Qualified entity" **means the following:**

- (1) For purposes of IC 12-15-2.2, has the meaning set forth in IC 12-15-2.2-1.
- (2) For purposes of IC 12-15-2.3, has the meaning set forth in IC 12-15-2.3-2.

SECTION 2. IC 12-15-2-13.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 13.5. (a) A woman:**

- (1) **who is not eligible for Medicaid under any other section of this chapter;**
- (2) **who is less than sixty-five (65) years of age;**
- (3) **who has been:**
 - (A) **screened for breast or cervical cancer through the breast and cervical cancer screening program under the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 (42 U.S.C. 300k); and**
 - (B) **determined to need treatment for breast or cervical cancer;**
- (4) **who is not otherwise covered under credible coverage (as defined in 42 U.S.C. 300gg(c)); and**



(5) whose family income does not exceed two hundred percent (200%) of the federal income poverty level for the same size family;
is eligible for Medicaid.

(b) Medicaid made available to a woman described in subsection (a) is limited to the duration of treatment required for breast or cervical cancer.

SECTION 3. IC 12-15-2.3 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]:

Chapter 2.3. Presumptive Eligibility for Women With Breast or Cervical Cancer

Sec. 1. This chapter applies to a woman who is eligible for Medicaid under IC 12-15-2-13.5.

Sec. 2. As used in this chapter, "qualified entity" means an entity that:

- (1) is eligible to receive payments and provide items and services under this article;
- (2) provides outpatient hospital services, rural health clinic services, and any other ambulatory services offered by a rural health clinic, or clinic services furnished by or under the direction of a licensed physician; and
- (3) meets all other requirements set forth in 42 U.S.C. 1920B.

Sec. 3. A qualified entity may establish the presumptive eligibility of a woman described in section 1 of this chapter.

Sec. 4. The office shall consider the following to be qualified entities:

- (1) A disproportionate share provider under IC 12-15-16-1(a) or IC 12-15-16-1(b).
- (2) A federally qualified health clinic.
- (3) A rural health clinic.

Sec. 5. The office shall provide each qualified entity with the following:

- (1) Application forms for Medicaid.
- (2) Information on how to assist a woman described in section 1 of this chapter in completing and filing the application forms.

Sec. 6. The office shall provide Medicaid services to a woman described in section 1 of this chapter during a period that:

- (1) begins on the date on which a qualified entity determines on the basis of preliminary information that the woman is eligible for Medicaid under IC 12-15-2-13.5; and

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(2) ends on the earlier of the following:

(A) The date on which a determination is made by a representative of the county office with respect to the eligibility of the woman under IC 12-15-2-13.5.

(B) The last day of the month following the month in which the qualified entity makes the determination described in subdivision (1).

Sec. 7. A woman described in section 1 of this chapter may only have a presumptive eligibility determination made by an entity described in section 2 of this chapter.

Sec. 8. A qualified entity that determines that a woman described in section 1 of this chapter is presumptively eligible for Medicaid shall do the following:

(1) Notify the office of the determination within five (5) working days after the date on which the determination is made.

(2) Inform the woman at the time a determination is made that an application for Medicaid is required to be made at the county office in the county where the woman resides or an enrollment center (as provided in IC 12-15-4-1) not later than the last day of the month following the month during which the determination is made.

Sec. 9. If a woman described in section 1 of this chapter is determined to be presumptively eligible for Medicaid under this chapter, the woman must complete an application for Medicaid as provided in IC 12-15-4 not later than the last day of the month following the month during which the determination is made.

Sec. 10. If a woman described in section 1 of this chapter:

(1) is determined to be presumptively eligible for Medicaid under this chapter; and

(2) appoints, in writing, an agent of a qualified entity under section 4 of this chapter as the woman's authorized representative for purposes of completing all aspects of the Medicaid application process;

the county office shall conduct any face-to-face interview that is necessary to determine the woman's eligibility for Medicaid with the woman's authorized representative.

Sec. 11. If a woman described in section 1 of this chapter is:

(1) determined to be presumptively eligible for Medicaid under this chapter; and

(2) subsequently determined not to be eligible for Medicaid; a qualified entity under section 4(1) or 4(2) of this chapter that

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determined that the woman was presumptively eligible for Medicaid shall reimburse the office for all funds expended by the office in paying for care for the woman during the woman's period of presumptive eligibility.

Sec. 12. The office shall adopt rules under IC 4-22-2 to implement this chapter, including rules that may impose additional requirements for qualified entities that are consistent with federal regulations.

SECTION 4. [EFFECTIVE JULY 1, 2001] There is annually appropriated to the office of the secretary of family and social services from the state general fund an amount sufficient to provide services to those individuals eligible for Medicaid under IC 12-15-2-13.5 and IC 12-15-2.3, both as added by this act.

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Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Approved: _____

Governor of the State of Indiana

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